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Under the Paperwork Reduction Act of	if 1995, no perso	Application Number	10/651,20	formation unless	it displays a valid OMB control number.					
TRANSMITTAL FORM		Filing Date	August 29	August 29, 2003						
		First Named Inventor	JOHNSO	JOHNSON et al.						
		Art Unit	3632	3632						
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission 4		Examiner Name	R. Ramire	R. Ramirez						
		Attorney Docket Number	45088	45088						
ENCLOSURES (Check all that apply)										
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s Extension of Time Request Express Abandonment Reque Information Disclosure Statem Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or	st Rem	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocal Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on earks	Address	App of A	r Allowance Communication to TC eal Communication to Board ppeals and Interferences eal Communication to TC leal Notice, Brief, Reply Brief) prietary Information us Letter er Enclosure(s) (please Identify w):					
		OF ARRUSANT ATT	OBNEY	D A OFNIT						
Firm Name	GNATURE	OF APPLICANT, ATT	URNEY,	JK AGENI	·					
Roylance, Abrams,	Berdo & Good	man, LLP								
Signature Mu J	?. lli	huz								
Printed name Marcus R. Mickney										
Date February 8, 2005	y 8, 2005 Reg. No. 44,941									
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E/FRAD 5/1 12/08/2004.			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	mber 10/651,	10/651,205				
FEE TRANSMITTAL For FY 2005			Filing Date	Augus	August 29, 2003				
			First Named Inv	ventor Johnso	Johnson et al.				
Anglianat plains amall artifu status. See 27 CED 1.27			Examiner Name	e Ramo	Ramon O. Ramirez				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 3632					
TOTAL AMOUNT OF PAYMENT (\$) 620.00			Attorney Docke	t No. 45088	45088				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.									
For the above-identified de	posit account, th	e Director is he							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	Small Entit	Y	Small Entity	_ Sma	II Entity	Food Daid (ft)			
Application Type Fee		Fee (\$			<u>ee (\$)</u>	Fees Paid (\$)			
Utility 300		500	250		100	• • •			
Design 200		100	50	130	65				
Plant 200		300	150	160	80	•.			
Reissue 300		500	250	_	300				
Provisional 200	0 100	0	0	0	0	<u> </u>			
2. EXCESS CLAIM FEES Fee Description						Small Entity Fee (\$) Fee (\$)			
Each claim over 20 or, for Reis	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3	or, for Reissu	es, each indep	endent claim m	ore than in the	original pate				
Multiple dependent claims Total Claims Extra	Claims Fee	. (\$) Eoo	Paid (\$)	Multiple Depe	ndont Claims	360 180			
- 20 or HP =	X X	<u>= (\$) </u>	raiu (\$)	Fee (\$)	Fee Paid				
HP = highest number of total claims p			D : 1 (0)						
Indep. Claims Extra (<u>Claims</u> <u>Fe</u> x	<u>e (\$) </u>	<u>Paid (\$)</u>		-				
HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: Notice of Appeal; Extension of Time \$500; \$120									
SUBMITTED BY ()									
Signature	211.		Registration No.	44.941	Telephone	(202) 659-9076			
	1 1000	14	(Attorney/Agent)	. 1,071		(202) 000-0010			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Marcus R. Mickney